



BLACK FLAG SECURITY
LEADERS IN PROTECTIVE SERVICES

Corporate Visitor Authorization Log

1. Daily Log Information

Date: _____

Shift: Morning Midday Afternoon Evening

Security Officer: _____

Location / Building: _____

2. Visitor Authorization Entries

Time	Visitor Name	Company / Organization	Gov. ID Type & Number	Purpose of Visit	Host Authorization	Authorization Method	Badge #	Time Out	Officer Initials
____	_____	_____	_____	_____	_____	<input type="checkbox"/> Email	____	__	__
____	_____	_____	_____	_____	_____	<input type="checkbox"/> Phone	____	__	__
						<input type="checkbox"/> Pre-Approved			
____	_____	_____	_____	_____	_____	<input type="checkbox"/> Email	____	__	__
____	_____	_____	_____	_____	_____	<input type="checkbox"/> Phone	____	__	__
						<input type="checkbox"/> Pre-Approved			

_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Email	_____	_____	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	_____	_____	_____
						Phone			
						<input type="checkbox"/> Pre-Approved			
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Email	_____	_____	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	_____	_____	_____
						Phone			
						<input type="checkbox"/> Pre-Approved			
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Email	_____	_____	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	_____	_____	_____
						Phone			
						<input type="checkbox"/> Pre-Approved			

3. Authorization Requirements Checklist

- Visitor identity verified with government-issued ID
- Visitor purpose confirmed as legitimate
- Host contacted & authorization received
- Visitor pre-approved (if required)
- Visitor briefed on facility rules
- Personal items screened or logged (per SOP)
- Visitor issued temporary badge
- Visitor logged into tracking system

4. Restricted Access Notes

Areas authorized: _____

Areas restricted: _____

Escort required: Yes No

Assigned escort: _____

5. Incident or Irregularity Notes

Supervisor Notified? Yes No

Supervisor Name: _____ Time: _____

6. End-of-Shift Summary

- All visitors accounted for and signed out
- Badges returned and secured
- No outstanding authorization issues
- All incidents documented

Officer Signature: _____

Date: _____